



2026-27 PARA HOCKEY TEAM REGISTRATION FORM

HOCKEY SASKATCHEWAN
#2 - 575 PARK STREET- REGINA, SK S4N 5B2
PH: 306-789-5101 EMAIL: derekd@hockeysask.ca

TEAM NAME: _____ CENTRE: _____ AGE DIVISION: _____
(ie: Junior, Intermediate, Senior)

SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS: STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	BIRTHDATE MONTH - DAY - YEAR		
1.Goalie							
2.Goalie							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

TEAM OFFICIAL	SURNAME (LAST NAME)	GIVEN NAME (FIRST NAME)	MAILING ADDRESS STREET ADDRESS OR BOX #	CITY / TOWN, PROVINCE	POSTAL CODE	PHONE #	EMAIL
MANAGER							
COACH							
ASS'T COACH							
ASS'T COACH							
TRAINER							
STICK PERSON							
OTHER							

TEAM FEE.....\$50.00

PLAYER FEE..... X \$30.00 = _____

TEAM OFFICIAL FEE..... X \$30.00 = _____

TOTAL - \$ _____

You will receive an invoice via Quickbooks once this form is processed.

DATE: _____

SIGNATURE OF TEAM OFFICIAL: _____

OFFICE USE ONLY

DATE APPROVED:

General Manager: